

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JENKINS FOR CONGRESS

ADDRESS (number and street)
▼

PO BOX 727

Check if different
than previously
reported. (ACC)

HUNTINGTON

WV

25711

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00548271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WV

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 / 13 / 2014in the
State of

WV

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
04 / 23 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 25

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9820.06	612824.01
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	9820.06	611824.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	82727.34	170969.03
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	82727.34	170969.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	438354.98	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5045.46	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 25

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7710.00

472050.00

(ii) Unitemized.....

1110.06

29924.01

(iii) TOTAL of contributions from individuals ▶

8820.06

501974.01

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

108000.00

(d) The Candidate.....

0.00

2850.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

9820.06

612824.01

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9820.06

612824.01

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	82727.34	170969.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	0.00	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	82727.34	174469.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	511262.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9820.06
25. SUBTOTAL (add Line 23 and Line 24).....	521082.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82727.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	438354.98

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

CURTIS ARNOLD

A.

Mailing Address 417 D ST.

City

SOUTH CHARLESTON

State

WV

Zip Code

25303

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PODIATRIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : SA11AI.6644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

EDDY L BIEHL

B.

Mailing Address 1635 WARREN CHAPEL ROAD

City

FLEMING

State

OH

Zip Code

45729

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

OIL AND GAS PRODUCER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FRED BOGGS

C.

Mailing Address 612 RIDGEWOOD RD.

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOGGS ROOFING INC

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6663

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALLAN CHAMBERLAIN

A.

Mailing Address 255 HIGH DRIVE

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. MARY'S MEDICAL MANAGEMENT

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SA11AI.6631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PETER A CHIRICO

B.

Mailing Address 327 WOODLAND DR

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIOLOGY, INC.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

WILLIAM D GIVEN

C.

Mailing Address HC 74 BOX 312

City

STRANGE CREEK

State

WV

Zip Code

25063

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMUNITY CARE OF WEST VIRGINIA

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6650

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON

A.

Mailing Address 3786 MIAMI STREET

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SA11AI.6636

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON

B.

Mailing Address 3786 MIAMI STREET

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SA11AI.6628

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON

C.

Mailing Address 3786 MIAMI STREET

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

269.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11AI.6618

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

40.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON**A.**

Mailing Address 3786 MIAMI STREET

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

269.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2014

Transaction ID : SA11AI.6623

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON**B.**

Mailing Address 3786 MIAMI STREET

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

279.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : SA11AI.6614

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

OREN KITTS**C.**

Mailing Address 1509 MOUNT VERNON ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALPHA NATURAL RESOURCES

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SA11AI.6633

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

120.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHARLES M KNOWLES

Mailing Address 202 E FOURTH AVE.

City

WILLIAMSON

State

WV

Zip Code

25661

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

VETERINARIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MUTHUSAMI KUPPUSAMI

Mailing Address 109 WINDSOR CR

City

BLUEFIELD

State

VA

Zip Code

24605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		19		2014

Transaction ID : SA11AI.6615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

GROVER LAVERY

Mailing Address 336 12TH AVENUE WEST

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		05		2014

Transaction ID : SA11AI.6642

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH A LOCASCIO III**A.**

Mailing Address 636 RIDGEWOOD ROAD

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIMG

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1751.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6671

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RICHARD E MCWHORTER**B.**

Mailing Address 22 CHESTNUT DR

City

HUNTINGTON

State

WV

Zip Code

25706

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIOLOGY, INC.

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ROGER NICHOLSON**C.**

Mailing Address 1557 QUARRIER STREET

City

CHARLESTON

State

WV

Zip Code

25311

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ZIAD SALEM

A.

Mailing Address 121 GOLF MEADOWS LN.

City

CHAPMANVILLE

State

WV

Zip Code

25508

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOGAN REGIONAL MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MICHAEL SHOTT

B.

Mailing Address PO BOX 989

City

CORNELIUS

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer

JANPAK

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11AI.6613

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN C WIESENDANGER

C.

Mailing Address 1424 SWEETBRIER RD.

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

QUALITY INVESTMENTS

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11AI.6652

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

7710.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WV FARM PAC**A.**

Mailing Address 1 RED ROCK RD.

City

BUCKHANNON

State

WV

Zip Code

26201

FEC ID number of contributing
federal political committee.**C** C00380956

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11C.6665

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AUSTISM SERVICES

Mailing Address 929 4TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6609

B. BEST BUY

Mailing Address 7601 PENN AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55423

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

84.79

Transaction ID : SB17.6527

C. BEST BUY

Mailing Address 7601 PENN AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55423

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

239.52

Transaction ID : SB17.6524

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

824.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BULLDOG CREATIVE

Mailing Address 400 COMMERCE AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

2612.53

Transaction ID : SB17.6595

B. MICHAEL CHIRICO

Mailing Address 32 WOODLAND DRIVE

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6607

C. MICHAEL CHIRICO

Mailing Address 32 WOODLAND DRIVE

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
LODGING, MILEAGE, MEALS REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

485.43

Transaction ID : SB17.6608

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5097.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRONTIER COMMUNICATIONS

Mailing Address 3 HIGH RIDGE PARK

City	State	Zip Code
STAMFORD	CT	06905

Purpose of Disbursement
INTERNET

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

78.30

Transaction ID : SB17.6537

B. GUYAN LAND

Mailing Address 715 LINCOLN HWY

City	State	Zip Code
CHAPMANVILLE	WV	25508

Purpose of Disbursement
EVENT FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

552.00

Transaction ID : SB17.6528

C. IMGE LLC

Mailing Address 603 KING STREET 4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

4521.56

Transaction ID : SB17.6598

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5151.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KARIE SHARP

Mailing Address 204 BROADWAY AVE

City	State	Zip Code
NITRO	WV	25143

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.6589

B. STRATEGIC MEDIA SERVICES

Mailing Address 3299 K ST NW #200

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
MEDIA BUY AND AD PRODUCTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

37040.00

Transaction ID : SB17.6577

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

11.05

Transaction ID : SB17.6558

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

37351.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 03 / 2014

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.6557

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 05 / 2014

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.6556

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2014

Amount of Each Disbursement this Period

2.06

Transaction ID : SB17.6555

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

38.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

1.62

Transaction ID : SB17.6554

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.6553

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

19.03

Transaction ID : SB17.6552

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 11 / 2014

Amount of Each Disbursement this Period

1.48

Transaction ID : SB17.6551

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 13 / 2014

Amount of Each Disbursement this Period

0.59

Transaction ID : SB17.6550

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 16 / 2014

Amount of Each Disbursement this Period

2.78

Transaction ID : SB17.6549

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

31.95

Transaction ID : SB17.6548

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 18 / 2014

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.6547

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 19 / 2014

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.6546

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.53

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE GREENBRIAR HOTEL

Mailing Address 300 W MAIN ST

City	State	Zip Code
WHITE SULPHUR SPRI	WV	24986

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

241.07

Transaction ID : SB17.6522

B. THE TARRANCE GROUP

Mailing Address 201 N UNION STE 410

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

13655.00

Transaction ID : SB17.6599

C. THEODORE COMPANY LLC

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDIRA	VA	22308

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

1012.50

Transaction ID : SB17.6602

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14908.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UPGRADE FILMS

Mailing Address 1911 N FT. MEYER DR STE 400

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

11040.88

Transaction ID : SB17.6591

B. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City	State	Zip Code
PHOENIX	AZ	85034

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 07 / 2014

Amount of Each Disbursement this Period

844.00

Transaction ID : SB17.6536

c. USPS

Mailing Address 1200 VETERANS MEMORIAL BLVD

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.6542

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11982.88

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
EVAN H JENKINSNature of Debt (Purpose):
TRAVEL EXPENSES, MEETING EXPENSES,
OFFICE SUPPLIES, PRINTING, POSTAGE

Mailing Address 121 OAK LANE

City State Zip Code
HUNTINGTON WV 25701

Outstanding Balance Beginning This Period

5045.46

Transaction ID : SD10.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5045.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

5045.46

2) **TOTALS** This Period (last page this line number only)

5045.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

5045.46